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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).						
I hereby appoint:						
X Practitioners associated with the Customer Number: 23524 OR						
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):						
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as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).						
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: X The address associated with Customer Number: 23524						
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Assignee Name and Address: Schofield Technologies LLC 1209 Orange Street Wilmington, DE 19801						
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.						
SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee						
Company Name SCHOFIELD TECHNOLOGIES LLC						
Signature	Signature Pat Mathews					
Name		Pat Mathews		Date	9 August 200	07
Title		Authorized Person		Telephone	0	

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